

## State of California—Health and Human Services Agency Department of Health Care Services



PROVIDER NAME ADDRESS 1 ADDRESS 2 CITY, STATE ZIP December 23, 2021 NPI # 123456789

## RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT PROCEDURE CODES

## Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with select procedure codes for California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) services. This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **9671: Procedure code has not been authorized by CCS/GHPP.** The issue affected claims for dates of service from January 1, 2019, through August 23, 2021.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary (FI) will resubmit the affected claims. These resubmissions will appear on RAD forms beginning December 23, 2021, with Claim Control Number (CCN) roll number 55 (Resubmit). The roll number is the fifth and sixth digits of the CCN.

If you disagree with any of these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal Provider website (*www.medi-cal.ca.gov*). For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Provider website.

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If you have questions regarding these resubmissions, please call the CA-MMIS FI Telephone Service Center at 1-800-541-5555, option 5, followed by option 5 or write to the CA-MMIS FI Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Cindy Garrett

Cindy Garrett

Director, Provider & Member Services

Gainwell Technologies, on behalf of

California Department of Health Care Services

Reference Number: P43293